



**CEMETERY AND FUNERAL PROGRAM**  
P. O. Box 989003  
WEST SACRAMENTO, CA 95798-9003  
(916) 327-3219



## APPLICATION FOR EXTENSION OF APPRENTICESHIP

**NOTICE: This Request Must Be Forwarded in Duplicate**

To: Cemetery and Funeral Program

Date \_\_\_\_\_

From: \_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

\_\_\_\_\_

Certificate of Registration No.

I hereby request an extension of my apprenticeship, not to exceed six (6) months, for the following reason(s):

1. I am awaiting the processing of my apprenticeship papers after termination of my apprenticeship and prior to receiving my embalmer's license.

2. I have completed my apprenticeship and have taken the embalmer's examination on \_\_\_\_\_

Date

I am awaiting the Program's action on my examination grades.

3. I completed my apprenticeship on \_\_\_\_\_ and intend to enroll in the following

Date

embalming college: \_\_\_\_\_

Name of College

I have made arrangements to enroll in said college on \_\_\_\_\_ which is the next

Date

matriculation date at said college \_\_\_\_\_

Signature of College Official

I Hereby Certify under penalty of perjury that in making this application all statements are truthful and that I have not misrepresented any fact stated herein nor do I have any mental reservations concerning said statements.

Approval: \_\_\_\_\_

Signature of Employer

\_\_\_\_\_

Signature of Applicant

(For Office Use Only)

This application is approved for an extension of your apprenticeship. Your extension has been granted as follows to commence \_\_\_\_\_ and such extension will terminate \_\_\_\_\_

Your request has been denied.

\_\_\_\_\_

Date

\_\_\_\_\_

Program Chief

**DISPLAY THIS DOCUMENT CONSPICUOUSLY IN YOUR PLACE OF BUSINESS OR EMPLOYMENT**

***Instructions to Applicant:***

- A. It is the intention of the Cemetery and Funeral Program that apprenticeship extensions be granted only when it appears to the Program that such extension constitutes a valid reason therefor and that the granting of such extension is in accord with Section 7666 of the Funeral Directors and Embalmers Law. It is further understood that the maximum extension permitted is six months. If after processing, it appears that an extension of less than six months is needed the lesser amount of time would be allowed.
- B. This form is to be filed with the Sacramento office of the Cemetery and Funeral Program at least fifteen (15) days prior to the time in which the extension is requested to commence.
- C. There is NO FEE required for the filing of this form.
- D. It is not required nor necessary to file a Report of Apprenticeship (case report) while serving an extended apprenticeship granted under this application.

# APPLICATION FOR EXTENSION OF APPRENTICESHIP

(Attachment)

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## CERTIFICATE OF FUNERAL ESTABLISHMENT

We (Firm Name) \_\_\_\_\_ holder of Funeral Establishment license No. \_\_\_\_\_, hereby certify under penalty of perjury under the laws of the State of California that \_\_\_\_\_ is employed as an apprentice in the art of embalming in the above establishment, and upon the issuance to him/her an extension of apprenticeship No. \_\_\_\_\_, will be under the supervision of \_\_\_\_\_, who is employed as a full time embalmer in this establishment as of this date, and is holder of Embalmer License No. \_\_\_\_\_.

**We also certify that we have been approved to train apprentices for the current year.**

We further certify that any changes affecting apprenticeship of said applicant will be promptly reported to the Cemetery and Funeral Program.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Funeral Director

Place \_\_\_\_\_ Title \_\_\_\_\_

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## CERTIFICATE OF SUPERVISING EMBALMER

I, \_\_\_\_\_, licensed at least two years in the State of California, immediately preceding the date of this application and holder of Embalmer License No. \_\_\_\_\_ hereby certify under penalty of perjury under the laws of the State of California, that \_\_\_\_\_ is employed as an apprentice embalmer, and will be under my supervision upon the issuance to him/her an extension of apprenticeship No. \_\_\_\_\_.

I further certify that any changes affecting apprenticeship will be promptly reported to the Cemetery and Funeral Program.

Date \_\_\_\_\_

Place \_\_\_\_\_ Signature \_\_\_\_\_  
Supervising Embalmer

(Rev. 6/99)